

MSFC Facilities Work Request (FWR) Request for Proposal

TO BE COMPLETED BY FACILITIES OFFICE PERSONNEL

FWR Number: _____

☐

New FWR

☐

FWR Change
Request No. _____

☐

IDIQ

☐

Credit
Card

1. Technical Monitor: _____

2. Phone Number: _____

3. Request Date: _____

4. Brief Description:

5. CO Signature: _____

6. Date: _____

7. Proposal Due Date (CREDIT CARD ONLY): _____ Time: _____

TO BE COMPLETED BY CONTRACTOR

8. Company Name: _____

9. Phone Number: _____

10. Date: _____

11. Company Preparer Signature: _____

12. Proposal Amount: _____

MSFC FWR Issuance of Work

TO BE COMPLETED BY FACILITIES OFFICE PERSONNEL

13. (a) The Project Manager has evaluated the Contractor's proposal and found it to be fair and reasonable.

(b) The Project Manager has verified Fire Protection and Safety Office review/concurrence for configuration changes and construction work change orders that have a potential safety impact, in compliance with NPR 8715.3 (Requirement # 32500).

PM Signature: _____

Date: _____

14. Work is Hereby Issued For The Firm Fixed Price Amount Of _____

15. Notice to Proceed Date: _____

17. (CREDIT CARD ONLY)

16. Scheduled Completion Date: _____

Actual Completion Date: _____

18. Card Holder: _____

19. Inspector: _____

20. ☐ Approved
☐ Disapproved

21. Signature Of Approving Official: _____

22. Date: _____

23. Reason For Disapproval: